



TEXAS DEPARTMENT OF HEALTH
Austin Texas
INTER-OFFICE

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: *dw* Deborah W. Brookshire, M.B.A., Director
Provider Relations Division
Bureau of Nutrition Services

DATE: June 23, 2000

SUBJECT: Patient Flow Analysis Fall Training Schedule

Patient Flow Analysis (PFA) trainings have been scheduled for the fall at the Dallas Regional Training Center in Dallas, Texas. Patient Flow Analysis Training is organized as a four day training session broken into two phases. Phase I classes are limited to staff from eight local agencies (LAS). Phase II classes are limited to staff from four local agencies. All requests must be in writing. Class participants are scheduled on a first-come, first-served basis. See the attached information sheet for a more detailed description of Phase I and II classes.

PFA is an exceptional clinic management tool for improving clinic environments. This objective tool is used to bring staff together to identify clinic strengths and weaknesses, brainstorm solutions, and implement changes to improve clinical operations. Since PFA is a catalyst for change and change must be endorsed and implemented by management, each WIC director should attend both Phase I and Phase II trainings.

If you have any questions or special requests, contact either Carol Filer, Program Specialist, or Anna Garcia, Program Specialist, at (512) 406-0740. If you are interested in attending a PFA class, mail or fax the attached registration form to the Training and Technical Assistance Division.

Attachments

Registration Form

Patient Flow Analysis Training

Patient Flow Analysis Training is organized as a four day training session broken into two phases. Phase I classes are limited to staff from eight local agencies and Phase II classes are limited to staff from four local agencies. The first four local agencies that sign up to Phase I will be placed in the Phase II class October 24-25, 2000. If needed, a second Phase II class will be scheduled. You will be notified in writing which classes your agency is confirmed for. If you have any special requests such as attending only a Phase II class or if you would like Phase II in your area, contact a member of our PFA training staff.

Phase I	September 5, 2000	1:00 p.m. - 4:30 p.m.	Dallas Regional Training Center
	September 6, 2000	8:30 a.m. - 4:30 p.m.	Dallas Regional Training Center
	September 7, 2000	8:30 a.m. - 12:00 noon	Dallas Regional Training Center

Names **of staff attending:** (2 maximum)

1) _____

2) _____

Phase II	October 24, 2000	1:00 p.m. - 4:30 p.m.	Dallas Regional Training Center
	October 25, 2000	8:30 a.m. - 4:30 p.m.	Dallas Regional Training Center
	October 26, 2000	8:30 a.m. - 12:00 noon	Dallas Regional Training Center

Phase II	if needed - TBA	Dallas Regional Training Center
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Names **of staff attending:** (4 maximum)

1) _____

3) _____

2) _____

4) _____

Local Agency (LA) Name _____

LA# _____

LA Address _____

LA Phone Number () _____

LA Fax Number () _____

Mail or fax to: Missy Hammer
Training and Technical Assistance Division
Bureau of Nutrition Services
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

FAX # (512) 406-0722

Phone # (512) 406-0740

PFA Training Information Sheet

Phase I and II Course Descriptions

Phase I PFA is an introduction to PFA. A “hands on” approach is used to provide instructions for planning and completing a PFA study in a WIC clinic. This includes completing PFA forms and using codes, facilitating a PFA orientation, editing/inputting PFA data, and obtaining PFA graphs and statistics.



Who Should Attend: PFA Study Coordinator and WIC Director (if new or if he/she has not attended PFA training)

Choosing a PFA study coordinator

The study coordinator is responsible for generating interest in the PFA process and in keeping momentum and cooperation alive! In addition to conducting PFA studies, this person should be highly motivated with effective communication and “people skills.” Staff must perceive this person as unbiased and receptive to their needs and ideas. These individuals should meet the following criteria: 1) Possess interpersonal, communication and analytical skills; 2) incorporate PFA into current job duties; and 3) objectively view the findings of PFA. (If possible, this person should not have clinic tasks assigned when conducting studies.)

Phase II PFA provides instructions for analyzing your study results. An interactive approach is used to demonstrate how to put PFA into motion to improve clinic operations. You and clinic staff will learn how to interpret your PFA graphs and statistics while using proper brainstorming and problem solving techniques. In addition to having an opportunity to lead productive PFA team building meetings, you will learn from your peers how to “work smarter • not harder”, and how to draw up an effective action plan.

Who Should Attend: PFA Study Coordinator, WIC Director (if new or if he/she has not attended PFA training), and 2 additional front line staff from the clinic where the PFA study was conducted.

Between Phase I and II the study coordinator will need to:

- 1) Orient clinic staff on the data collection process. (Orientation usually takes between 30 - 60 minutes.)
- 2) Collect PFA data for 2 PFA studies. (We recommend data collection for a full day of clinic operation)
- 3) Input PFA data into computer.
- 4) Print graphs and statistics to bring to Phase II PFA training.
- 5) Copy the PFA studies onto a diskette to bring to Phase II PFA training.

PATIENT **FLOW** ANALYSIS (**PFA**) TRAINING OBJECTIVES

Participants attending Phase I and Phase II PFA training will be able to:

- 😊 read and interpret PFA graphs
- 😊 describe the layout of the statistics
- 😊 recognize key statistical measures
- 😊 evaluate key statistical measures
- 😊 accurately complete the five forms associated with data collection
- 😊 list the forms that are used during the data collection
- 😊 explain how various components on the forms relate to the graph and statistics
- 😊 discuss how PFA is used as a management tool
- 😊 state what PFA can and cannot do
- 😊 explain the human resource principles involved in introducing and carrying out PFA
- 😊 orientate clinic staff to PFA
- 😊 accurately edit data for computer processing
- 😊 demonstrate the use of the PFA data processing equipment software by processing at least one PFA study
- 😊 identify and correct a “fatal” error of a dataset
- 😊 recognize and correct a “non-fatal” error of a **dataset**
- 😊 prepare an action plan based on the PFA data output
- 😊 identify clinic flow problems using the PFA graphs
- 😊 discuss clinic management strategies for improving clinic operations

WHAT IS PATIENT FLOW ANALYSIS?

Description

Patient Flow Analysis (**PFA**) is a system that documents personnel utilization and patient flow in health service clinics. Its use enables management to obtain data for statistical documentation and graphical representation of a clinic session, which can be used to identify problems in patient flow, determine personnel and space needs, and document personnel costs per patient visit. The PFA tool is an aid to management in assessing the effect clinic “systems” are having on patient flow.

Health service organizations using PFA can measure the performance of individual clinics, design new clinics, initiate improvements in the clinic pattern, and review personnel needs to increase clinic effectiveness. Specific anticipated benefits derived from using PFA include reduction of patient waiting time (and frustration) in the clinic, more equitable distribution of workload for each staff member, and greater staff satisfaction with the overall delivery of services to the customer (patient). Additional patients may also be served for the same or even reduced costs.

Six forms are used for data collection, only one of which is used during the clinic session. There is virtually no disruption of clinic operations. Data processing is computerized for any MS-DOS compatible microcomputer data input can therefore be done locally. Some training is required to analyze the graph and statistics.

The PFA computer programs produce two types of output. One is a graphical representation of the clinic session. The upper part of the graph illustrates the type, number, and length of each patient-staff contact. The lower part of the graph displays the staff time occupied with patients and the time spent otherwise for each staff member. The second output is a statistical report containing a summary and six detailed tables. The tables include data on

- (1) patient arrival as related to appointment time;
- (2) patient service time as related to patient's time in the clinic by visit type;
- (3) number of patients and mean personnel cost per patient by visit type and subclass;
- (4) personnel utilization in the clinic by task;
- (5) time and cost for each clinic station by visit type and total visits; and
- (6) each person who worked in the clinic.

The PFA Simulation Programs

Besides measuring actual clinic situations, PFA has modeling capability. A simulation program has been written for microcomputers to manipulate PFA data and reproduce virtually any changes possible within the clinic. The basic function of the program is to eliminate the

time patients waste while waiting to receive services and staff members waste while waiting to provide services. With the simulation program, data **from** an actual clinic can be altered to show the effects of proposed operational changes, such as more or less staff time, more or fewer patients, and changes in the appointment system. The data can be repeatedly altered until an optimal design for the clinic is reached.

Another use of the simulation program is to create hypothetical clinics based upon real data and planned changes in the service that the patients will receive. This feature is particularly useful when a major change in provision of services is planned, such as adding a new procedure or service to the clinic, or integrating services. After implementing new procedures, the PFA system can be used to measure the results.

Conclusion

Patient Flow Analysis is an effective tool to measure “quantity”; that is, it allows us to look at the length of time each patient is being served and at the time staff are occupied with patients. PFA **does not deal directly with the issue of quality of care.**

Although it does not present us with solutions (these become available using the simulation process), PFA allows us to focus on the specific problems.



For **more information, write or call:**

Centers for Disease Control
National Center for Chronic Disease Prevention
and Health Promotion
Clinic Management Unit
(Mailstop K22)
1600 Clifton Road, N.E.
Atlanta, GA 30333
(404) 488-5227



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Chronic Disease Prevention
and Health Promotion
Division of Reproductive Health



CDC
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